

ATE / OFFICEHOLDER CIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

C/OH INSTRUCTION GUIDE explains how to complete
this form.

1 ACCOUNT #
(Ethics Commission filers)
00000011

2 Total pages filed: 7

OFFICE USE ONLY

Date Received

Date Hand Delivered to State Pres/Marked

RECEIVED
JAN 30 2006

CITY SECRETARY

Receipt #

Amount

Date Processed

Date Traced

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr JOHN
ELFORD

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5107 Austin St.
Houston, TX
77004

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 266 4695

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr JOHN
ELFORD

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5107 Austin Houston TX 77004

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 266 4695

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer
appointment (officeholder only)



July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

11 / 1 / 05 THROUGH 12 / 31 / 05

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

11 / 8 / 05

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission file)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,550.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 3408.23

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Efford, this the 30th day of January, 20 06, to certify which, witness my hand and seal of office.

Cheryl E. Strauch
Signature of officer administering oath

Cheryl E. Strauch
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

JOHN ELFORD

2 ACCOUNT # (Ethics Commission file)

00000011

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**-- Complete A & B below *only* if you are not an officeholder. --**A. CAMPAIGN FUNDS**Check *only one*:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETSCheck *only one*:

I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate**5 OFFICEHOLDER**-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

JOHN ELFORD

3 ACCOUNT # (Ethics Commission files)

00000011

4 Date

10/28/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

JOHN CARLOSS

6 Contributor address, City, State, Zip Code

HOU. TX 77005

7 Amount of contribution (\$)

250

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Businessman

10 Employer (See Instructions)

Date

11/14/05

Full name of contributor

☐ out-of-state PAC (ID#)

MICHAEL BOYLAN

Contributor address, City, State, Zip Code

HOU. TX 77018

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Date

11/20/05

Full name of contributor

☐ out-of-state PAC (ID#)

STEVEN FINKELMAN

Contributor address, City, State, Zip Code

HOU. TX 77096

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Salesman

Employer (See Instructions)

Date

11/15/05

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID TRITTER

Contributor address, City, State, Zip Code

HOU. TX 77056

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

11/1/05

Full name of contributor

☐ out-of-state PAC (ID#)

F. WILLIAM O'HAN

Contributor address, City, State, Zip Code

HOU. TX 77042

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction guide explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

JOHN ELFORD

3 ACCOUNT # (Ethics Commission filers)

00000011

4 Date

11/13/05

5 Payee name

KSEV RADIO

6 Payee address; City, State; Zip Code

11451 KATY FRWY, Ste 215

7 Amount (\$)

552.50

8 Purpose of payment (See instructions regarding type of information required.)

MEDIA ADS

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/16/05

Payee name

PRINTING COMMUNICATIONS

Payee address; City, State; Zip Code

5601 CENTRAL CREST
HOV. TX, 77092

Amount (\$)

169.95

Purpose of payment (See instructions regarding type of information required.)

PRINTING

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/18/05

Payee name

ADVARION INC.

Payee address; City, State; Zip Code

P.O. Box 540183
HOV. TX 77098

Amount (\$)

437.50

Purpose of payment (See instructions regarding type of information required.)

COMMUNICATIONS - INTERNET

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/3/05

Payee name

LITTLE SMOKE RADIO - Houston

Payee address; City, State; Zip Code

6250 WESTPARK, #112
HOV. TX 77057

Amount (\$)

500.00

Purpose of payment (See instructions regarding type of information required.)

RADIO ADS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

JOHN E. FORD

3 ACCOUNT # (Ethics Commission filers)

00000011

4 Date

11/8/05

5 Payee name

MICHAEL FRANKS Signs

6 Payee address; City; State; Zip Code

602 KOEHL
WIMONTON, TX. 77488

7 Amount (\$)

1627.56

8 Purpose of payment (See instructions regarding type of information required.)

SIGNS

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/07/05

Payee name

LOS TIOS RESTAURANT

Payee address; City; State; Zip Code

14006 Memorial
HOU. TX

Amount (\$)

54.80

Purpose of payment (See instructions regarding type of information required.)

MEALS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/5/05

Payee name

HOME DEPOT

Payee address; City; State; Zip Code

5445 West Loop South
HOU. TX 77081

Amount (\$)

30.08

Purpose of payment (See instructions regarding type of information required.)

SIGN POSTS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

11/2/05

Payee name

THE VELVET MELVIN

Payee address; City; State; Zip Code

3303 Richmond
HOU. TX 77019

Amount (\$)

35.84

Purpose of payment (See instructions regarding type of information required.)

MEALS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED